

Information Technology Division

System Access Request Form

SECTION 1:

UNIVERSAL ACCESS ID (UAID) – COMPLETE ALL FIELDS

S.S. NUMBER IS USED TO INSURE ACCURACY AND UNIQUENESS.

☐ ADD

UAID: _____

☐ CHANGE

☐ DELETE

☐ REACTIVATE

Name: _____
First M. Init. Last

MMARS Dept. Code: _____ Pay Org.: _____ S.S. #/Employee ID: _____

Chargeback Account No.: _____ Division: _____

TYPE OF USER (EMPLOYEE, CONSULTANT*): _____ End Date: _____

* IF A CONSULTANT, PLEASE ENTER AN END DATE

Security Officer Print: _____ Phone: _____

Security Officer Signature: _____ Date: _____

SELECT with an X

☐ CA7

☐ CICSTEST

☐ HR/CMS (SECTION 4)*

☐ PCRS/PMIS

☐ VPN (BA)

☐ CAPS

☐ COMPLETT

☐ IMAGINE

☐ TSO

☐ WAREHOUSE (SECTION 6)*

☐ CICS99

☐ COMPLETW

☐ MAGIC (SECTION 2)*

☐ UMSA

☐ OTHER ♠

☐ CICSPRD1

☐ ELIPSYS

☐ MMARS

☐ VIEWDIRECT (SECTION 5)*

♠ PLEASE LIST OTHER SELECTION(S) : _____

NOTE: * PLEASE GO TO THE SECTION INDICATED NEXT TO APPLICATION AND FILL IN ALL THE INFORMATION REQUIRED.

SECTION 2:

MAGIC

ADD ☐ CHANGE ☐ DELETE ☐

HR/CMS HIERARCHY TREE NODE: _____ OR LIST DEPARTMENT(S)/ORGANIZATION(S):

SECTION 3:

VPN (SECURE ID)– FOR AGENCIES OUTSIDE THE FIREWALL

ADD ☐ DELETE ☐

Please Return to:
Information Technology Division
Mass. Info. Technology Center
Information Security Unit
200 Arlington Street, Suite 2100
Chelsea, Mass. 02150

FAX (617) 660-4405 or EMAIL: SECURITY.ITD@ITD.STATE.MA.US

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SECTION 4: HR/CMS

CHECK ONLY ONE

- ☐ ADD (NEW HR/CMS USER) Name: _____
- ☐ DELETE (USER FROM HR/CMS) UAID: _____
- ☐ CHANGE (HR/CMS TREE NODE(S))
- ☐ SELECT (ASSIGN ADDITIONAL OPERATOR CLASS(ES) TO EXISTING USER)
- ☐ REMOVE (OPERATOR CLASS(ES))

HIERARCHY TREE NODE: _____

OPERATOR CLASSES (SELECT with an X) If CLASS IS NOT LISTED, PLEASE DO NOT WRITE IN.

- | | | | | |
|-----------------------------------|-----------------------------------|------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> AA_AUD | <input type="checkbox"/> AA_D | <input type="checkbox"/> ADA_AUD | <input type="checkbox"/> ADA_D | <input type="checkbox"/> ADPAY_D |
| <input type="checkbox"/> ADPAY_UD | <input type="checkbox"/> BEN_D | <input type="checkbox"/> BEN_UD | <input type="checkbox"/> CONFIG_D | <input type="checkbox"/> EVAL_AUD |
| <input type="checkbox"/> EVAL_D | <input type="checkbox"/> GRV_RPT | <input type="checkbox"/> JOB_AUD * | <input type="checkbox"/> JOB_D | <input type="checkbox"/> JOB_PART * |
| <input type="checkbox"/> LBOR_AUD | <input type="checkbox"/> LBOR_D | <input type="checkbox"/> PAY_AUD | <input type="checkbox"/> PAY_D | <input type="checkbox"/> POS_AUD |
| <input type="checkbox"/> POS_D | <input type="checkbox"/> PYLN_D | <input type="checkbox"/> RETR_AUD | <input type="checkbox"/> RETR_D | <input checked="" type="checkbox"/> SALTBL_D |
| <input type="checkbox"/> SLUR_RPT | <input type="checkbox"/> TXOVD_UD | <input type="checkbox"/> TXOVD_D | <input type="checkbox"/> UNION_D | <input type="checkbox"/> UNION_UD |

NOTE: * JOB_AUD MUST BE ASSIGNED TO USERS WHO HAVE JOB_PART.
 * JOB_PART MUST BE ASSIGNED TO USERS WHO HAVE JOB_AUD.

TIME AND ATTENDANCE OPERATOR CLASSES (If CLASS IS NOT LISTED, PLEASE DO NOT WRITE IN.)

- ☐ SAL_OVRD * ☐ TL_APPR ☐ TL_AUD ☐ TL_D

PLEASE LIST HIERARCHY TREE NODES BELOW (REPORTING ROLLUPS NOT ALLOWED)

NOTE: * CHIEF FINANCIAL OFFICER'S SIGNATURE REQUIRED

NAME AND TITLE (PRINT) _____

SIGNATURE/DATE _____

HR/CMS CORRECTION MODE OPERATOR CLASSES (If CLASS IS NOT LISTED, PLEASE DO NOT WRITE IN.)

- | | | | |
|----------------------------------|--------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> ADPAY_C | <input type="checkbox"/> BEN_C | <input type="checkbox"/> EVAL_C | <input type="checkbox"/> JOB_C |
| <input type="checkbox"/> PAY_C | <input type="checkbox"/> POS_C | <input type="checkbox"/> TL_C | |

WHEN REQUESTING CORRECTION ACCESS, IT MUST BE SELECTED IN ADDITION TO THE APPROPRIATE UD, AUD AND/OR OVRD PROFILE.

All users requesting HR/CMS "Correction Mode" access must have the request authorized by a Department Authorized Signatory as certified on the current "Departmental Head Signature Authorization Form" on file with the Office of the Comptroller.

USER:

NAME AND TITLE (PRINT) _____

SIGNATURE/DATE _____

Department Authorized Signatory:

NAME AND TITLE (PRINT) _____

SIGNATURE/DATE _____

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System Access Request Form

SECTION 5:	VIEWDIRECT / DOCDIRECT
SECTION 5.1:	VIEWDIRECT / DOCDIRECT ACCESS TO CAPS, HR/CMS, MMARS, PCRS OR PMIS REPORTS
ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE <input type="checkbox"/>	
DEPT. CODE: _____	
PERSON TO BE AUTHORIZED: FULL NAME: _____ UAID: _____	
Mailing Address: _____ Phone: _____	
_____ _____ _____	
Local Printer ID to be used for selected page printing (6 character ID): _____	
COMMENTS: _____	
SYSTEMS REQUESTED (SELECT WITH AN X)	
<input type="checkbox"/> CAPS (LIST ADDITIONAL DEPT.(s) IF NEEDED) (_____)	
<input type="checkbox"/> HR/CMS LIST ADDITIONAL DEPT.(s) IF NEEDED) (_____)	
<input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> SENSITIVE (GRIEVANCES) <input type="checkbox"/> SENSITIVE (SLURS)	
<input type="checkbox"/> MMARS (LIST ADDITIONAL DEPT.(s) IF NEEDED) (_____)	
<input type="checkbox"/> PCRS (LIST ADDITIONAL DEPT.(s) IF NEEDED) (_____)	
<input type="checkbox"/> PMIS AGENCY (LIST #'s) (_____)	
COMMENTS: _____	

SECTION 5.2	VIEWDIRECT / DOCDIRECT ACCESS to all other reports
REPORT	
ID	SECTION(S) *
COMMENTS: _____	

DEPT.: _____	
Report Owner Print: _____ Date: _____	
Report Owner Signature: _____ Phone: _____	
NOTE: *If a report is segmented viewing can be restricted to selected sections. ENTER "ALL" IF FULL REPORT VIEWING IS REQUIRED.	

Security Officer Print: _____ Phone: _____

Security Officer Signature: _____ Date: _____

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SECTION 6		INFORMATION WAREHOUSE GOVERNMENTAL ACCESS						
<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE		PERSON TO BE AUTHORIZED: FULL NAME: _____ UAID: _____						
	MMARS	PCRS	HR (PARIS) Summary	HR (PARIS) Detail	Human Resource Standard	Human Resource Additional	Compensation Management Standard	Compensation Management Additional
A. Departmental								
B. Multiple Departments								
C. Department–Organization								
D. Secretariat								
E. Branch of Government								
F. Other								
G. Delete User Access								
⇒ Enter an 'X' in the grid above for each data source (MMARS, PCRS, etc.) requested. Enter only one 'X' per column unless specifying 'Other'. ⇒ Then fill in the box below, as necessary.								
A. Specify Department: _____ (e.g., DMH, OSC) D. Specify Secretariat: _____ (e.g., ANF, EPS) E. Specify Branch: _____ (EXE, JUD, LEG only) B. List Multiple Departments: _____ C. List Organizations: _____ F. Specify Other: _____								
COMMENTS: _____ _____ _____								

Security Officer Signature: _____

Phone: _____